

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. Contract ID Code Firm-Fixed-Price		Page 1 Of 5	
2. Amendment/Modification No. P00008		3. Effective Date 2003DEC11		4. Requisition/Purchase Req No. SEE SCHEDULE		5. Project No. (If applicable)	
6. Issued By TACOM-ROCK ISLAND AMSTA-AQ-ARCC MYRNA DOWELL (309)782-4635 ROCK ISLAND IL 61299-7630 EMAIL: DOWELLM@RIA.ARMY.MIL		Code W52H09		7. Administered By (If other than Item 6) DCMA PITTSBURGH 1000 LIBERTY AVE RM 1612 FEDERAL BLDG PITTSBURGH PA 15222-4190 SCD C PAS NONE ADP PT HQ0337		Code S3911A	
8. Name And Address Of Contractor (No., Street, City, County, State and Zip Code) CAMBRIA COUNTY ASSOCIATION FOR THE BLIND & HANDICAPPED 211 CENTRAL AVENUE JOHNSTOWN, PA. 15902-2495 TYPE BUSINESS: JWOD Participating Nonprofit Agencies				<input type="checkbox"/>		9A. Amendment Of Solicitation No.	
				<input type="checkbox"/>		9B. Dated (See Item 11)	
				<input checked="" type="checkbox"/>		10A. Modification Of Contract/Order No. DAAE20-02-F-0034	
				<input type="checkbox"/>		10B. Dated (See Item 13) 2002SEP12	
Code 7P105		Facility Code					
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS							
<input type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing items 8 and 15, and returning _____ copies of the amendments: (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. Accounting And Appropriation Data (If required) ACRN: AB NET INCREASE: \$359,560.00							
13. THIS ITEM ONLY APPLIES TO MODIFICATIONS OF CONTRACTS/ORDERS							
KIND MOD CODE: C It Modifies The Contract/Order No. As Described In Item 14.							
<input type="checkbox"/>		A. This Change Order is Issued Pursuant To: The Contract/Order No. In Item 10A. The Changes Set Forth In Item 14 Are Made In					
<input type="checkbox"/>		B. The Above Numbered Contract/Order Is Modified To Reflect The Administrative Changes (such as changes in paying office, appropriation data, etc.) Set Forth In Item 14, Pursuant To The Authority of FAR 43.103(b).					
<input checked="" type="checkbox"/>		C. This Supplemental Agreement Is Entered Into Pursuant To Authority Of: FAR 43.103(a)					
<input type="checkbox"/>		D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input checked="" type="checkbox"/> is required to sign this document and return _____ copies to the Issuing Office.							
14. Description Of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) SEE SECOND PAGE FOR DESCRIPTION							

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name And Title Of Signer (Type or print)		16A. Name And Title Of Contracting Officer (Type or print) JOYCE L KLEIN KLEINJ@RIA.ARMY.MIL (309)782-5051	
15B. Contractor/Offeror _____ (Signature of person authorized to sign)	15C. Date Signed	16B. United States Of America By _____ /SIGNED/ (Signature of Contracting Officer)	16C. Date Signed 2003DEC11

NSN 7540-01-152-8070

PREVIOUS EDITIONS UNUSABLE

30-105-02

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION SHEET	Reference No. of Document Being Continued		Page 2 of 5
	PIIN/SIIN DAAE20-02-F-0034	MOD/AMD P00008	
Name of Offeror or Contractor: CAMBRIA COUNTY ASSOCIATION FOR THE BLIND & HANDICAPPED			

SECTION A - SUPPLEMENTAL INFORMATION

THE PURPOSE OF THIS MODIFICATION IS TO "ADD-ON" THE ADDITIONAL QUANTITY OF 44,500 EACH HEADHARNESS, SKULL CAPS, NSN: 4240-01-390-3057, P/N: 5-1-2765. NOTICE OF REVISIONS (NOR'S) Y73-0144-0001, -0002, AND -0003 INCORPORATED IN MODIFICATION P00006 APPLY.

SUBCLIN 0001AF IS HEREBY ESTABLISHED FOR THE QUANTITY OF 44,500 EACH AT A UNIT PRICE OF \$8.08 FOR A TOTAL SUBCLIN AMOUNT OF \$359,560.00.

THE TOTAL CONTRACT AMOUNT IS HEREBY INCREASED BY \$359,560.00 FROM \$612,825.20 TO \$972,385.20. THE DELIVERY SCHEDULE IS AS SHOWN IN SECTION B.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

*** END OF NARRATIVE A 010 ***

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-02-F-0034 MOD/AMD P00008	Page 3 of 5
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Name of Offeror or Contractor: CAMBRIA COUNTY ASSOCIATION FOR THE BLIND & HANDICAPPED

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SECTION B - SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 4240-01-390-3057 FSCM: 81361 PART NR: 5-1-2765 SECURITY CLASS: Unclassified				
0001AF	<u>PRODUCTION QUANTITY</u> NOUN: HEAD HARNESS ASSEMB PRON: S64ZJ551SB PRON AMD: 03 ACRN: AB AMS CD: 070011 <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD 001 W58HZ13308A513 W22PVJ J 1 DEL REL CD QUANTITY DEL DATE 001 3,000 15-APR-2004 002 3,000 30-APR-2004 003 3,000 15-MAY-2004 004 3,000 30-MAY-2004 005 3,000 15-JUN-2004 006 3,000 30-JUN-2004 007 3,000 15-JUL-2004 008 3,000 30-JUL-2004 009 3,000 15-AUG-2004 010 3,000 30-AUG-2004 011 3,000 15-SEP-2004 012 3,000 30-SEP-2004 013 3,000 15-OCT-2004 014 3,000 30-OCT-2004 015 2,500 15-NOV-2004 FOB POINT: Destination	44500	EA	\$ 8.08000	\$ 359,560.00

Name of Offeror or Contractor: CAMBRIA COUNTY ASSOCIATION FOR THE BLIND & HANDICAPPED

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SHIP TO: <u>FREIGHT ADDRESS</u> (W22PVJ) XU GENERAL SUPPLY STORAGE POINT BLUE GRASS ARMY DEPOT 2091 KINGSTON HWY RICHMOND KY 40475-5000				

Name of Offeror or Contractor: CAMBRIA COUNTY ASSOCIATION FOR THE BLIND & HANDICAPPED

SECTION G - CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ ITEM MIPR	OBLG STAT/ ACRN JOB ORD NO	PRIOR AMOUNT	INCREASE/DECREASE AMOUNT	CUMULATIVE AMOUNT
0001AF	S64ZJ551SB 070011	AB 2 \$	0.00 \$	359,560.00 \$	359,560.00
NET CHANGE				\$ 359,560.00	

SERVICE NAME	NET CHANGE BY ACRN	ACCOUNTING CLASSIFICATION	ACCOUNTING STATION	INCREASE/DECREASE AMOUNT
Army	AB	97 X4930AC61 6D	26FB S19130	W13G07 \$ 359,560.00
NET CHANGE				\$ 359,560.00

	PRIOR AMOUNT OF AWARD	INCREASE/DECREASE AMOUNT	CUMULATIVE OBLIG AMT
NET CHANGE FOR AWARD:	\$ 612,825.20	\$ 359,560.00	\$ 972,385.20